

**PDL Comparison of Select Therapeutic Classes
OPEN (No Restrictions on Access)**

Categories	Drug Class Name/Description	Fee For Service		MHS		Anthem		MDwise	
		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description
Allergy/Cold	ACETYLCYSTEINE	All Drugs Covered	N/A	acetylcysteine	N/A	acetylcysteine	N/A	acetylcysteine	N/A
	EXPECTORANTS	All Drugs Covered	N/A	guaifenesin (OTC & RX products), guaifenesin dm (OTC & RX products)	N/A	see products covered with clinical edits		guaifenesin, guaifenesin dm	N/A
	ANTITUSSIVES, NON-NARCOTIC	All Drugs Covered	N/A	benzonatate, dextromethorphan, generics, and OTC products	N/A	see products covered with clinical edits		generic Rx and OTC dextromethorphan combinations w/promethazine & guaifenesin	N/A
	NASAL ANTIHISTAMINE	ASTELIN	N/A		N/A	see products covered with clinical edits			N/A
	NASAL MAST CELL STABILIZERS AGENTS	All Drugs Covered	N/A	cromolyn, nedocromil	N/A	see products covered with clinical edits		NASALCROM, OTC	N/A
Analgesics	NARCOTICS/NON-NARCOTIC ANALGESICS	all generic products, KADIAN, ORAMORPH SR	N/A	aspirin, acetaminophen, codeine, meperidine, morphine, oxycodone, propoxyphene w/apap, salsalate, tramadol	N/A	morphine IR, oxycodone IR see products covered with clinical edits		ASA, Buff ASA, hydrocodone/APAP caps (5/500 only), hydrocodone/APAP tabs (10/650, 7.5/500, 10/500 only)	N/A
	ANALGESIC/ANTIPYRETICS, SALICYLATES	All Drugs Covered	N/A	aspirin, salsalate, choline & magnesium salicylate	N/A	aspirin (RX & OTC products), choline magnesium salicylate, diflunisal, salsalate	N/A	chol mag trisalicylate, salsalate, ASA diflunisal	N/A
	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE	All Drugs Covered	N/A	acetaminophen	N/A	acetaminophen (OTC products)	N/A	acetaminophen (OTC products)	N/A
	SKELETAL MUSCLE RELAXANTS	dantrolene, methocarbamol, cyclobenzaprine, baclofen, chlorzoxazone, orphenadrine, tizanidine	N/A	baclofen, cyclobenzaprine, dantrolene sodium, carisoprodol, chlorzoxazone, tizanidine, orphenadrine	N/A	see products covered with clinical edits		carisoprodol, cyclobenzaprine, chlorzoxazone, methocarbamol, tizanidine, baclofen	N/A
Antimicrobials	CEPHALOSPORINS	all generics, OMNICEF, SUPRAX, SPECTRACEF	N/A	cefaclor, cefprozil, cefuroxime,	N/A	cefaclor, cefpodoxime, cephalexin (tablets/capsules formulations only)	N/A	cephalexin, cefaclor, cefuroxime	N/A
	MACROLIDES	all generics	N/A	erythromycin generics, clarithromycin	N/A	erythromycin generics (tablets/capsules formulations only)	N/A	clarithromycin, erythromycin generics	N/A
	NITROFURAN DERIVATIVES	All Drugs Covered	N/A	nitrofurantoin, nitrofurantoin monohydrate	N/A	see products covered with clinical edits		nitrofurantoin	N/A
	PENICILLINS	All Drugs Covered	N/A	amoxicillin, ampicillin, dicloxacillin, pen vk, amoxicillin/clavulanate (200mg/5ml, 400mg/5ml, 600mg)	N/A	amoxicillin, ampicillin, dicloxacillin, penicillin VK (tablets/capsules formulations only)	N/A	amoxicillin, ampicillin, dicloxacillin, penicillin V potassium, amoxicillin/clavulanate (200mg/5ml, 400mg/5ml, 600mg only)	N/A
	TETRACYCLINES	All Drugs Covered	N/A	doxycycline, tetracycline, minocycline	N/A	doxycycline hyclate, tetracycline	N/A	doxycycline, minocycline, tetracycline, VIBRAMYCIN susp	N/A
	ANTIVIRALS	amantidine, acyclovir, PEGASYS, PEG-INTRON	N/A	amantadine, acyclovir, VALTREX	N/A	acyclovir, amantadine, EPIVIR HBV, ganciclovir, rimantadine, VALCYTE	N/A	acyclovir, VALCYTE, ABREVA	N/A
	ANTIVIRALS, HIV SPECIFIC	All Drugs Covered	N/A	all FDA approved antiretrovirals	N/A	all oral FDA approved HIV agents are eligible for coverage under the prescription benefit	N/A	all FDA approved antiretrovirals	N/A
	ANTIFUNGALS	itraconazole, ketoconazole, terbinafine	N/A	fluconazole 50mg, 100mg, 200mg, 10mg/ml & 40mg/ml, ketoconazole, nystatin, griseofulvin	N/A	clotrimazole; fluconazole 50mg, 100mg, 200mg, 10mg/ml, & 40mg/ml; griseofulvin; ketoconazole; nystatin	N/A	griseofulvin, GRIFULVIN V, ketoconazole, nystatin, terbinafine (tab)	N/A
	INHALED CORTICOSTEROIDS	AEROBID, AZMACORT, FLOVENT, FLOVENT HFA, QVAR	N/A			see products covered with clinical edits		ASMANEX	N/A

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Asthma/COPD/Pulmonary	INHALED CORTICOSTEROID/LONG ACTING BETA AGONIST COMBINATION	ADVAIR (100/50, 250/50), ADVAIR HFA (45/21, 115/21), SYMBICORT	N/A			see products covered with clinical edits		SYMBICORT	N/A
	LEUKOTRIENE INHIBITORS					see products covered with clinical edits			
	LONG-ACTING BETA AGONISTS	SEREVENT, FORADIL	N/A	metaproterenol solution, syrup & tablet, terbutaline	N/A	see products covered with clinical edits			
	NASAL CORTICOSTEROIDS	flunisolide, FLONASE, NASACORT AQ, NASAREL, NASONEX, VERAMYST, PANTANASE	N/A	NASONEX	N/A	see products covered with clinical edits			N/A
	NON-SEDATING ANTIHISTAMINES	loratadine tabs (OTC), cetirizine tabs (OTC)	N/A	loratadine (OTC), loratadine-D (OTC), cetirizine (OTC)	N/A	loratadine (OTC), loratadine-D (OTC), cetirizine (OTC)	N/A	loratadine (OTC), cetirizine (tablet, liquid, chewable)	N/A
	SHORT-ACTING BETA AGONISTS	albuterol all strengths/formulations excluding tablets	N/A	albuterol syrup, tablet & inhalation solution, metaproterenol solution, syrup & tablet, terbutaline	N/A	albuterol syrup, tablet & inhalation solution, metaproterenol syrup & tablet, terbutaline tablet	N/A	albuterol solution for inhalation (2.5mg/3ml and 5mg/ml), tablets, syrup	N/A
Cardiovascular	ALPHA ADRENERGIC BLOCKERS	doxazosin, prazosin, terazosin	N/A	doxazosin, prazosin, terazosin	N/A	doxazosin, prazosin, terazosin	N/A	doxazosin, prazosin, terazosin	N/A
	BETA ADRENERGIC BLOCKERS	all generics, INDERAL, INDERAL LA, LOPRESSOR, TENORMIN, TOPROL XL	N/A	acebutolol, atenolol, betaxolol, bisoprolol, labetalol, metoprolol (immediate and extended release) nadolol, pindolol, propranolol (immediate and extended release), sotalol, timolol	N/A	acebutolol, atenolol, betaxolol, bisoprolol, carvedilol, labetalol, metoprolol (immediate and extended release) nadolol, pindolol, propranolol (immediate and extended release), sotalol, timolol	N/A	atenolol, bisoprolol, metoprolol, nadolol, propranolol tabs, solution, SR, COREG	N/A
	ACE INHIBITORS	enalapril, fosinopril, lisinopril, benazepril, moexipril, quinapril, trandolapril	N/A	benazepril, captopril, enalapril, fosinopril, lisinopril	N/A	benazepril, captopril, enalapril, fosinopril, lisinopril, quinapril	N/A	benazepril, captopril, enalapril maleate, lisinopril	N/A
	ACE INHIBITORS/CALCIUM CHANNEL BLOCKER COMBINATION			LOTREL		amlodipine/benazepril	N/A		
	ACE INHIBITORS/DIURETICS	captopril/HCTZ, enalapril/HCTZ, lisinopril/HCTZ, fosinopril/HCTZ, moexipril/HCTZ, benazepril/HCTZ, quinapril/HCTZ	N/A	benazepril/HCTZ, captopril/HCTZ, enalapril/HCTZ, fosinopril/HCTZ, lisinopril/HCTZ	N/A	benazepril/HCTZ, captopril/HCTZ, enalapril/HCTZ, fosinopril/HCTZ, lisinopril/HCTZ, quinapril/HCTZ	N/A	captopril/HCTZ, enalapril/HCTZ, lisinopril/HCTZ, benazepril/HCTZ	N/A
	ARBS					see products covered with clinical edits			
	ARBS/DIURETICS		N/A			see products covered with clinical edits			N/A
	CALCIUM CHANNEL BLOCKING AGENTS	amlodipine, diltiazem (long-acting formulations), felodipine ER, nifedipine (long-acting formulations), nimodipine, verapamil (long-acting formulations), CALAN SR, ISOPTIN SR, verapamil ER PM	N/A	nifedipine, verapamil IR & ER, nicardipine, nifedipine	N/A	diltiazem; nicardipine; nifedipine; verapamil IR & ER	N/A	diltiazem er, xr, hcl; nicardipine; nifedipine; verapamil er, hcl; amlodipine	N/A

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Lipotropics	FIBRIC ACIDS	gemfibrozil, TRICOR	N/A	fenofibrate, gemfibrozil	N/A	fenofibrate, gemfibrozil	N/A	fenofibrate, gemfibrozil	N/A
	HMG CoA REDUCTASE INHIBITORS	lovastatin, simvastatin, CRESTOR, LESCOL, LESCOL XL, LIPITOR	N/A	lovastatin, pravastatin, simvastatin	N/A	lovastatin, pravastatin, simvastatin	N/A	pravastatin, simvastatin	N/A
	BILE SALT SEQUESTRANTS	cholestyramine (multi-dose containers), colestipol granules, COLESTID (multi-dose containers), PREVALITE powder	N/A	cholestyramine	N/A	cholestyramine, cholestyramine/aspartame, colestipol	N/A	cholestyramine	N/A
Genitoruniary	BENIGN PROSTATIC HYPERTROPHY/MICTURITION AGENTS	finasteride, FLOMAX, AVODART	N/A			see products covered with clinical edits		FLOMAX, PROSCAR, AVODART	N/A
	URINARY TRACT ANTISPASMODIC/ANTI-INCONTINENCE AGENT	oxybutynin IR	N/A	bethanechol, flavoxate, oxybutynin,	N/A	bethanechol, desmopressin (oral), flavoxate, oxybutynin (immediate and extended release)	N/A	oxybutynin, bethanechol, flavoxate,	N/A
Diabetes Related	INSULIN	HUMALOG/HUMALOG MIX/HUMULIN (all formulations), NOVOLOG & NOVOLOG MIX VIALS, NOVOLIN VIALS, RELION VIALS, LANTUS VIALS, LEVEMIR VIALS	N/A			HUMALOG, HUMULIN, ILETIN II, LANTUS, NOVOLIN, NOVOLOG, SYMLIN	N/A	HUMULIN R, N, U, 50/50, 70/30, L; HUMALOG, HUMALOG 75/25, LANTUS, LEVEMIR	N/A
	ANTIDIABETIC AGENTS	acarbose, glimepiride, glipizide, glipizide ER, glyburide, metformin, metformin ER, ACTOPLUS MET, AVANDAMET, GLYSET, JANUVIA, JANUMET, STARLIX	N/A	acarbose, chlorpropamide, glimepiride, glipizide, glipizide ER, glipizide XL, glipizide/metformin, glyburide, glyburide/metformin, metformin, metformin ER, PRANDIN, AVANDAMET, tolazamide	N/A	acarbose, acetohexamide, chlorpropamide, glimepiride, glipizide, glipizide ER, glipizide XL, glipizide/metformin, glyburide, glyburide/metformin, metformin, metformin ER, PRANDIN, STARLIX, tolazamide, tolbutamide	N/A	glipizide, chlorpropamide, glyburide, tolazamide, glipizide extended release, glyburide micronized, metformin, metformin XR, glyburide/metformin, AVANDIA, AVANDAMET, ACTOS, AVANDARYL, DUETACT, ACTOPLUS MET	N/A
	VITAMIN A DERIVATIVES TOPICAL ACNE AGENTS			benzoyl peroxide, clindamycin, clindamycin/benzoyl peroxide, erythromycin, sodium sulfacetamide/sulfur		benzoyl peroxide (OTC), clindamycin, clindamycin/benzoyl peroxide, erythromycin, sodium sulfacetamide/sulfur	N/A		
	ANTIPSORIATICS AGENTS	DOVONEX, DRITHOCREME HP, DRITHO-SCALP, OXSORALEN-ULTRA, PSORiatec, SORIATANE, TAZORAC, AMEVIVE, RAPTIVA	N/A	selenium sulfide	N/A	8-MOP, anthralin, calcipotriene, selenium sulfide	N/A	selenium sulfide, anthralin 1%	N/A
	TOPICAL ANTIFUNGALS	all generic products	N/A	clotrimazole (otc), miconazole (otc), ketoconazole, econazole, nystatin	N/A	ciclopirox, clotrimazole (OTC), econazole, ketoconazole, miconazole (OTC), nystatin, tolnaftate (OTC)	N/A	clotrimazole, miconazole, ketoconazole, nystatin	N/A

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Dermatologic	TOPICAL ANTIFUNGAL/ ANTIINFLAMMATORY STERIOD AGENT	All Drugs Covered	N/A	clotrimazole/betamethasone; nystatin/triamcinolone	N/A	clotrimazole/betamethasone, nystatin/triamcinolone	N/A	clotrimazole/betamethasone; nystatin/triamcinolone	N/A
	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGENTS	All Drugs Covered	N/A	fluorouracil, EFUDEX	N/A	fluorouracil solution	N/A	EFUDEX, FLUOROPLEX, fluorouracil	
	TOPICAL IMMUNOSUPPRESSIVE AGENTS	ELIDEL	N/A		N/A	see products covered with clinical edits			
	TOPICAL ANTI-INFLAMMATORY STEROIDAL	All Drugs Covered	N/A	desonide, flucinolone acetoneide, hydrocortisone, betamethasone val, hydrocortisone val, mometasone furoate, triamcinolone acet, betamethasone dip, flucionide, clobetasol, desoxymetasone, augmented betamethasone dipropionate, clobetasol prop		amcinonide, augmented betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, clobetasol, desonide, desoximetasone, diflorasone, fluocinolone, flucionide, fluticasone, hydrocortisone, hydrocortisone valerate, mometasone, triamcinolone	N/A	desonide, flucinolone acetoneide, amcinonide, hydrocortisone, hydrocortisone val, triamcinolone acet, betamethasone val, flucionide, betamethasone dip, clobetasol, diflorasone, desoximetasone	N/A
	TOPICAL ANTIVIRALS	All Drugs Covered	N/A	podofilox, ZOVIRAX	N/A	podofilox, ZOVIRAX	N/A	podofilox, ZOVIRAX	N/A
	TOPICAL ANTIBIOTICS	All Drugs Covered	N/A	bacitracin, bacitracin/polymyxin B, gentamicin, metronidazole, mupirocin, neomycin/bacitracin/polymyxin B (OTC), silver sulfadiazine (SSD)	N/A	bacitracin (OTC), bacitracin/polymyxin B (OTC), gentamicin, metronidazole, mupirocin, neomycin/bacitracin/polymyxin B (OTC), silver sulfadiazine	N/A	bacitracin, bacitracin/polymyxin b, chlorhexidine, neomycin, neomycin/bacitracin/polymyxin, gentamicin, neomycin/bacitracin/polymyxin/lidocaine, SSD (silver sulfadiazine)	N/A
	TOPICAL ANTIBIOTICS/ANTI-INFLAMMATORY STEROIDAL	All Drugs Covered	N/A						
Gastrointestinal Agents	GI MISC	mesalamine, sulfasalazine, ASACOL, CANASA, COLAZAL, DIPENTUM, PENTASA	N/A	ASACOL, dicyclomine, diphenoxylate/atropine, hydrocortisone (rectal), hyoscyamine, lactulose, misoprostol, mesalamine (rectal), metoclopramide, PENTASA, polyethylene glycol, sulfasalazine,	N/A	ASACOL, belladonna alkaloids/phenobarbital, clidinium/chlordiazepoxide, COLAZAL, CORTIFOAM, dicyclomine, DIPENTUM, diphenoxylate/atropine, ENTOCORT EC, hydrocortisone (rectal), hyoscyamine, lactulose, mesalamine (rectal), metoclopramide, misoprostol, paregoric, PENTASA, polyethylene glycol electrolyte solution, propantheline, sucralfate, sulfasalazine, ursodiol	N/A	misoprostol	
	H2RA BLOCKERS	cimetidine liquid, ZANTAC SYRUP		cimetidine, famotidine, nizatidine, ranitidine (RX and OTC)		cimetidine (RX & OTC), famotidine (RX & OTC), nizatidine, ranitidine (RX & OTC)	N/A	cimetidine, famotidine, nizatidine, ranitidine (legend and OTC for ALL products)	
	PROTON PUMP INHIBITORS	omeprazole, omeprazole (OTC), PRILOSEC OTC				see products covered with clinical edits		omeprazole OTC (20mg tab)	
	PLATELET AGGREGATION INHIBITORS	cilostazol, AGGRENOX, PLAVIX	N/A	clopidogrel, dipyridamole, cilostazol, ticlopidine, AGGRENOX	N/A	anagrelide, dipyridamole, cilostazol, ticlopidine	N/A	cilostazol, dipyridamole, PLAVIX, ticlopidine, AGGRENOX	N/A
	HEPARIN AND RELATED PREPARATIONS	heparin (generics), FRAGMIN (pre-filled syringes only), LOVENOX (pre-filled syringes only)	N/A	heparin	N/A	heparin 5000u/ml	N/A	heparin	N/A

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Blood Related Agents	ORAL ANTICOAGULANTS, COUMARIN TYPE	All Drugs Covered	N/A	warfarin, COUMADIN	N/A	COUMADIN, warfarin	N/A	All Drugs Covered	N/A
	ORAL ANTICOAGULANTS, INDANDIONE TYPE	All Drugs Covered	N/A		N/A			none	N/A
	HEMATINICS	ARANESP, EPOGEN, PROCRIT	N/A			see products covered with clinical edits			
	LEUKOCYTE STIMULANTS	NEUPOGEN vials, LEUKINE	N/A			see products covered with clinical edits			
Osteoporosis Agents	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM), BONE RESORPTION SUPPRESSION AGENTS	alendronate, etidronate, ACTONEL, EVISTA, FOSAMAX SOLUTION, MICALCIN	N/A	ACTONEL, EVISTA, calcitonin				calcitonin-salmon, etidronate, ACTONEL	N/A
Diuretics	OSMOTIC DIURETICS	All Drugs Covered	N/A		N/A			mannitol	N/A
	CARBONIC ANHYDRASE INHIBITORS	All Drugs Covered	N/A	acetazolamide, methazolamide	N/A	acetazolamide, methazolamide	N/A	acetazolamide, methazolamide	N/A
	THIAZIDE AND RELATED DIURETICS	All Drugs Covered	N/A	chlorthalidone, hydrochlorothiazide, indapamide, metolazone	N/A	chlorthalidone, hydrochlorothiazide, indapamide, methyclothiazide, metolazone	N/A	HCTZ, indapamide, metolazone	N/A
	POTASSIUM SPARING DIURETICS	All Drugs Covered	N/A	spironolactone	N/A	spironolactone	N/A	spironolactone	N/A
	POTASSIUM SPARING DIURETICS IN COMBINATION	All Drugs Covered	N/A	spironolactone w/hctz, triamterene w/hctz	N/A	hydrochlorothiazide/triamterene, spironolactone/hydrochlorothiazide	N/A	spironolactone/HCTZ, triamterene/HCTZ, amiloride/HCTZ	N/A
	LOOP DIURETICS	All Drugs Covered	N/A	bumetanide, furosemide, torsemide	N/A	bumetanide, furosemide, torsemide	N/A	bumetanide, furosemide, torsemide	N/A
CNS Agents**	ANTICONVULSANTS	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	CENTRAL NERVOUS SYSTEM STIMULANTS	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	BARBITURATES	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	SEDATIVE-HYPNOTICS	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	ANTI-ANXIETY DRUGS	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	MOOD STABILIZERS	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	ANTI-PSYCHOTICS TYPICAL	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	ANTI-PSYCHOTICS ATYPICAL	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIs)	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	ANTI-MANIA DRUGS	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIs)	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIBITORS (NDRIs)	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIs)	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITORS (SEL-NARI)	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	

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	SEROTONIN AND DOPAMINE REUPTAKE INHIBITORS (SDRIs)	All Drugs Covered	N/A	All Drugs Covered		All Drugs Covered	N/A	All Drugs Covered	N/A
	ANTI-DEPRESSANTS, OTHER	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A
	ARICEPT, COGNEX, MESTINON, EXELON, REMINYL	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	N/A	All Drugs Covered	
	benztropine, trihexyphenidyl, AKINETON, KEMADRIN	All Drugs Covered	N/A	All Drugs Covered	N/A	benztropine, trihexyphenidyl	N/A	All Drugs Covered	N/A
Anti-emetic/Antivertigo	COMPAZINE, prochlorperazine, promethazine, meclizine, trimethobenzamide	All Drugs Covered	N/A	meclizine, metoclopramide, promethazine, prochlorperazine, trimethobenzamide	N/A	dronabinol, meclizine, metoclopramide, prochlorperazine, trimethobenzamide	N/A	All Drugs Covered	N/A
Migraine Medications	CAFERGOT, WIGRAINE, DURADRIN, MIDRIN	All Drugs Covered	N/A	apap/butalbital, apap/caffeine/butalbital, apap/caffeine/butalbital/codeine, asa/caffeine/butalbital, ergotamine/caffeine, isomethheptene/dichloralphenazone/apap, RELPAX	N/A	butalbital/caffeine/acetaminophen, butalbital/caffeine/aspirin, ergotamine/caffeine, ergotamine/caffeine/belladonna/phenobarb, isomethheptene/dichloralphenazone/apap	N/A	CAFERGOT, MIGRANAL, isometh/d-chloralphenaz/apap, butalbital/apap/caffeine, butalbital/asa/caffeine, butalbital compound, butalbital compound w/codeine	N/A
Obstetric/Gynecological	ESTROGENIC AGENTS	All Drugs Covered	N/A	estradiol, estradiol transdermal, estropiate, ACTIVELLA, CENESTIN, FEMHRT, MENEST, PREFEST, PREMARIN, PREMPRO	N/A	ACTIVELLA, CENESTIN, estradiol, estropiate, FEMHRT, MENEST, PREFEST, PREMPHASE, PREMPRO, PREMPRO LOW DOSE, PREMARIN	N/A	estradiol, MENEST, PREMARIN, PREMPHASE, PREMPRO	N/A
	PROGESTATIONAL AGENTS	All Drugs Covered	N/A	medroxyprogesterone, norethindrone, PREMPRO	N/A	medroxyprogesterone, norethindrone, PROMETRIUM	N/A	medroxyprogesterone, norethindrone, PREMPRO	N/A
	CONTRACEPTIVES, ORAL	All Drugs Covered	N/A	all generics, YASMIN, SEASONIQUE, YAZ	N/A	ARANELLE, AVIANE, ENPRESSE, ethinyl estradiol/desogestrel, ethinyl estradiol/levonorgestrel, estradiol/norethindrone, ethinyl estradiol/norgestimate, ethinyl estradiol/norgestrel, JUNEL/JUNEL FE, LESSINA, LUTERA, mestranol/norethindrone, MICROGESTIN/MICROGESTIN FE, NORA-BE, VELIVET, ZOVIA	N/A	all generics, ORTHO EVRA (patch), NUVARING, PLAN B	N/A
	VAGINAL ANTIFUNGALS	clotrimazole, miconazole, tioconazole, metronidazole vaginal gel	N/A	OTCs, metronidazole, terconazole	N/A	see products covered with clinical edits		miconazole, nystatin, OTCs	N/A
	VAGINAL ESTROGEN PREPARATIONS	ESTRING, PREMARIN VAGINAL CREAM, VAGIFEM	N/A	PREMARIN VAG CREAM, VAGIFEM	N/A	see products covered with clinical edits		PREMARIN, ESTRACE VAGINAL CREAM, VAGIFEM VAGINAL TABLET	N/A
	VAGINAL ANTIBIOTICS	All Drugs Covered	N/A	METROGEL, CLEOCIN	N/A	see products covered with clinical edits		CLEOCIN, METROGEL	N/A

Categories	Drug Class Name/Description	Fee For Service		MHS		Anthem		MDwise	
		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description
Ophthalmic/Otic	EYE ANTI-INFECTIVES (RX ONLY)	all generic products	N/A	bacitracin, bacitracin/neo/polyB, chloramphenicol, erythromycin, gentamicin, gramicidin/neo/polyB, polyB/bacitracin, sulfacetamide sodium, trimethoprim/sulfa & polyB	N/A	see products covered with clinical edits		erythromycin, sulfacetamide sodium, tobramycin, bacitracin, gentamicin, ciprofloxacin, neo/bacitracin/polymix, neo/polymix/gramicidin, trimethoprim/sulfa & polymixin b, chloramphenicol	N/A
	EYE VASOCONSTRICTORS (RX ONLY)	All Drugs Covered	N/A	naphazoline	N/A	see products covered with clinical edits		naphazoline	N/A
	EYE IRRIGATIONS	All Drugs Covered	N/A	artificial tears	N/A	see products covered with clinical edits		artificial tears	N/A
	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS	brimonidine, betaxolol, carteolol, depivefrin, epinephrine, levobunolol, metipranolol, pilocarpine, timolol, AZOPT, COSOPT, ISOPTO-CARBACHOL, COMBIGAN, IOPIDINE, TRAVATAN, TRAVATAN Z, TRUSOPT, XALATAN	N/A	betaxolol, levobunolol, timolol, carteol, metipranolol, epinephrine, physostigmine, pilocarpine, TRAVATAN, LUMIGAN, IOPIDINE, TRUSOPT AZOPT ISOPTO-CARBACHOL, COSOPT	N/A	see products covered with clinical edits		betaxolol, carteolol, IOPIDINE, levobunolol, pilocarpine, timolol, TRUSOPT, ALPHAGAN, ALPHAGAN P, XALATAN, LUMIGAN	N/A
	EYE ANTIBIOTIC-CORTICOID COMBINATIONS	all generic products	N/A	neo/polyB/dexamethasone, neo/polyB/prednisolone, BLEPHAMIDE, TOBRADEX		see products covered with clinical edits		neomycin/bacitracin/polymixin/Hc, neomycin/polymixin/Hc, TOBRADEX	N/A
	MYDRIATICS	All Drugs Covered	N/A	atropine, cyclopentolate, homatropine, tropicamide		see products covered with clinical edits		atropine, cyclopentolate, homatropine, tropicamide	N/A
	EYE ANTIHISTAMINES	ALAWAY, OPTIVAR, PATADAY, PATANOL, ZADITOR	N/A	see products covered with quantity limits		see products covered with clinical edits		pheniramine/naph (OTC); antazoline/naph (OTC), ZADITOR OTC, ketotifen OTC 0.025%, ALAWAY OTC	N/A
	EYE ANTI-INFLAMMATORY AGENTS	All Drugs Covered	N/A	dexamethasone, flurbiprofen, prednisolone, VEXOL, VOLTAREN		see products covered with clinical edits		ACULAR PF & LS, flurbiprofen	N/A
	OPHTHALMIC MAST CELL STABILIZERS	cromolyn	N/A	cromolyn		see products covered with clinical edits		cromolyn	N/A
	EYE ANTIVIRALS	All Drugs Covered	N/A	trifluridine, VIRA-A		see products covered with clinical edits		trifluridine	N/A
	OTIC ANTIBIOTICS	all generic products, CIPRODEX, FLOXIN OTIC SINGLES, FLOXIN OTIC SOLUTION (multi-use bottle)	N/A	chloramphenicol, neomycin/polymyxin b/hydrocortisone	N/A	see products covered with clinical edits		neo/polym/Hc, FLOXIN OTIC, chloramphenicol, CIPRODEX	N/A
Rheumatological	GOUT	All Drugs Covered	N/A	colchicine, probenecid	N/A	allopurinol, colchicine, indomethacin, probenecid	N/A	All Generic Drugs Covered	N/A
	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE I	all generic products	N/A	diclofenac, etodolac, ibuprofen, indomethacin, nabumetone, ketoprofen, naproxen, naproxen sodium, oxaprozin, piroxicam, sulindac	N/A	diclofenac, etodolac, flurbiprofen, ibuprofen (RX & OTC), indomethacin, ketoprofen, ketorolac, meloxicam, nabumetone, naproxen, naproxen sodium (RX & OTC), oxaprozin, piroxicam, sulindac	N/A	diclofenac K 50mg, diclofenac 50mg & 75mg, ibuprofen (Rx and OTC), indomethacin, ketoprofen 50mg & 75mg, ketorolac, nabumetone, naproxen, naproxen EC, naproxen Na (Rx and OTC), oxaprozin, piroxicam	N/A
	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR	All Drugs Covered	N/A	leflunomide		leflunomide	N/A	leflunomide	N/A

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	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	All Drugs Covered	N/A			see products covered with clinical edits			
	ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST	All Drugs Covered	N/A						
	ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS	All Drugs Covered	N/A	methotrexate	N/A	methotrexate	N/A	methotrexate	

**Note: In accordance with Indiana law, all anti-anxiety, antidepressant, antipsychotic, and "cross indicated" drugs are considered as being preferred. Drugs that are (1) classified in a central nervous system drug category or classification (according to Drug Facts and Comparisons) created after March 12, 2002, and (2) prescribed for the treatment of a mental illness (as defined by the most recent publication of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders) are also considered as being preferred.

When a brand name drug having generic equivalent is included in the "Non-Preferred Drug List" listing, please note that the generic equivalents for the brand name drug are considered as preferred medications on the Fee-for Service PDL, unless otherwise specified.

Prior authorization for Brand Medically Necessary is not required for the drugs specifically exempted by the DUR Board from a prior authorization for Brand Medically Necessary requirement for the Fee-for Service PDL (those drugs being what are typically referred to as "narrow therapeutic index").

PDL Comparison of Select Therapeutic Classes CLINICAL EDITS (Restrictions)

CLINICAL EDITS:
PA - Prior Authorization
QLL - Quantity Level Limits
ST - Step Therapy
AGE - Age Limit

Allergy/Cold	ACETYLCYSTEINE									
	EXPECTORANTS					guaifenesin (OTC & RX products), guaifenesin dm (OTC & RX products)	age edit under 2yrs; QL 120ml for liquids			
	ANTITUSSIVES, NON-NARCOTIC					benzonatate, dextromethorphan (generic OTC products)	age edit under 2yrs; QL 120ml for liquids			
	NASAL ANTIHISTAMINE					ASTELIN	PA; QLL - 1 spray pump per 30 days			
	NASAL MAST CELL STABILIZERS AGENTS					ipratropium nasal spray	QLL - 1 spray pump per 30 days			
	NARCOTIC ANTITUSSIVE/1ST GENERATION ANTIHISTAMINE COMBINATIONS	promethazine/codeine		QLL - 6 ounces per prescription						
		TUSSIONEX		AGE, QLL- 6 years and older; 4 ounces per prescription						
TUSSICAPS			AGE, QLL- 6 years and older; 2 caps per prescription							

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		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description
Analgesics	NARCOTICS/NON-NARCOTIC ANALGESICS	butorphanol nasal spray	QLL - Limited to 1 bottle per month			butorphanol NS	PA, QLL - 1 spray per 30 days	butalbital combinations, meperidine, levorphanol, hydromorphone, hydrocodone, hydrocodone with APAP (5/500 and 7.5/750 only) or IBU, codeine with ASA or APAP, codeine, methadone, morphine immediate release, oxycodone immediate release, oxycodone with APAP (5/325 only) or ASA, oxymorphone, pentazocine combinations, propoxyphene combinations, tramadol, tramadol with APAP, oxycodone with IBU	QLL-240 units/30 days (see also acetaminophen and ibuprofen QLL)
		fentanyl, DURAGESIC	QLL - Limited to 10 patches per 30 days	fentanyl transdermal system	QLL - Limited to 10 patches per 30 days	fentanyl transdermal system	QLL - Limited to 10 patches per 30 days	fentanyl transdermal system	QLL - Limited to 10 patches per 30 days
		fentanyl citrate	PA			fentanyl citrate	QLL- 4 lollipops per day		
		narcotic analgesics containing acetaminophen	QLL - All acetaminophen containing products are limited to 3 grams of acetaminophen per day	narcotic analgesics containing acetaminophen	QLL - All acetaminophen containing products are limited to 3 grams of acetaminophen per day	narcotic analgesics containing acetaminophen	QLL - All acetaminophen containing products are limited to 3 grams of acetaminophen per day	analgesics containing acetaminophen	QLL-limited to 4gm/day is < 10 day supply; limited to 3gm/day if > 10 day supply
		hydrocodone products	QLL - Limited to 1500mg per month	hydrocodone products	QLL--1500mg of hydrocodone per 30 days	hydrocodone products	QLL - Limited to 1500mg per 30 days	analgesics containing ibuprofen	QLL-limited to 3.2gm/day
						hydrocodone/ibuprofen	QLL - 16 tablets per day		
								morphine sr	QLL - Limited to 120 tablets/ 30 days
		oxycodone ER, OXYCONTIN	QLL - Limited to 120 tablets/25 days; 60mg and 80mg limited to 60 tab/25 days					OXYCONTIN	PA - Trial and failure of SR morphine or transdermal fentanyl
		tramadol, Ultram ER	QLL - Limited to 400mg per day QLL - 1 tablet per day	tramadol	QLL-120 tabs per 30 days	tramadol	QLL - 8 tablets per day	SUBOXONE	PA - approved for 3 months for tx of opiate dependence/addiction; may approve an additional 3 months
				ROXICET	QLL-180 tabs per 30 days	tramadol/acetaminophen	QLL - 8 tablets per day	SUBUTEX	PA - approved for 4 weeks for tx of opiate dependence/addiction before moving to SUBOXONE
				morphine sulfate (sustained release)	QLL-90 tabs per 30 days	morphine sulfate (sustained release)	QLL - 4 tablets per day		
		oxycodone (sustained release)	PA, QLL-60 tabs per 30 days						

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	ANALGESIC/ANTIPYRETICS, SALICYLATES								
	ANALGESIC/ANTIPYRETICS, NON-SALICYLATE								
	SKELETAL MUSCLE RELAXANTS			carisoprodol	QLL-180 tabs per 30 days	baclofen, cyclobenzaprine, dantrolene sodium, chlorzoxazone, tizanidine,	fill limit- 90 days in 12 months		
				methocarbamol	QLL-120 tabs per 30 days				
				cefdinir	ST, QLL-10 caps per course or 150 mL per 14 days	cefdinir	QLL - 42 capsules per 30 days	cefdinir	ST
	CEPHALOSPORINS			cefuroxime	QLL-100 mL per 14 days	cefaclor ER	QLL - 42 tablets per 30 days	SUPRAX 400mg tablet	QLL - 1 tablet per 30 days for tx of uncomplicated urogenital or rectal gonorrhea
				cephalexin	QLL-40 caps per 14 days	cefadroxil	QLL - 42 tablets per 30 days		
						cefprozil	QLL - 42 tablets per 30 days		
						cefuroxime	QLL - 42 tablets per 30 days		
						oral cephalosporin antibiotic suspensions	QLL - 3 times largest commercially available package size per 30 days		
	FLUOROQUINOLONES	All products	QLL - Limited to 14-day supply; CIPRO XR and ciprofloxacin ER limited to 3 tablets per RX	ciprofloxacin	QLL-56 tabs per 30 days	ciprofloxacin	QLL - 56 tablets per 30 days	AVELOX	PA
		AVELOX ABC PAC	QLL - Limited to 1 pack per month	LEVAQUIN	QLL-14 tabs per 30 days	LEVAQUIN	PA; QLL - 21 tablets per 30 days		
				AVELOX	PA	ofloxacin	QLL - 56 tablets per 30 days		
		azithromycin and ZITHROMAX oral tablets	QLL - Limited to 1 of each pack per month	azithromycin	500 mg QLL = 3 per 30 days; suspension QLL = 30 mL per 30 days; 250 mg QLL = 6 per 30 days	azithromycin	QLL - 250mg = 6 tablets per 30 days; 500mg = 3 tablets per 30 days; 600mg = 8 tablets per 30 days; 1 gram = 2 packets per 30 days; 100mg/5ml = 15ml per 30 days; 200mg/5ml = 30ml per 30 days	clarithromycin extended release	ST

Categories	Drug Class Name/Description	Fee For Service		MHS		Anthem		MDwise		
		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	
Antimicrobials	MACROLIDES	BIAXIN XL PAC	QLL - Limited to 1 pack per month	clarithromycin	ER tab QLL = 14 tabs per 30 days; tab QLL = 20 per 30 days	clarithromycin	QLL - 250mg = 42 tablets per 30 days; 500mg = 21 tablets per 30 days	azithromycin (except 1gm)	ST	
						clarithromycin XL	QLL - 28 tablets per 30 days			
						clindamycin	QLL - 84 capsules per 30 days			
						erythromycin oral antibiotic suspensions	QLL - 3 times largest commercially available package size per 30 days			
						EES/Sulfisoxazole	QLL - 600ml per 30 days			
	NITROFURAN DERIVATIVES						nitrofurantoin	QLL - 25mg & 50mg = 168 capsules per 30 days; 100mg = 84 capsules per 30 days		
							nitrofurantoin - BID	QLL - 84 capsules per 30 days		
	PENICILLINS				amox/clavulanic Acid	QLL-150 mL per 14 days	oral penicillin antibiotic suspensions	QLL - 3 times largest commercially available package size per 30 days	AUGMENTIN XR	ST
							amoxicillin/potassium clavulanate	QLL - 875-125mg = 40 tablets per 30 days; 250-125mg & 500-125mg = 60 tablets per 30 days; 400-57mg = 80 chewable tablets per 30 days; 200-28.5mg = 160 chewable tablets per 30 days		
							AUGMENTIN CHEWABLE	PA; 125-31.25mg = 240 chewable tablets per 30 days; 250-62.5mg = 120 chewable tablets per 30 days		
							AUGMENTIN XR	PA; QLL - 40 tablets per 30 days		

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	TETRACYCLINES					demeclocycline	QLL - 150mg = 84 tablets per 30 days; 300mg = 42 tablets per 30 days		
						doxycycline monohydrate	QLL - 60 capsules per 30 days		
	ANTIVIRALS	VALTREX	ST - requires HIV therapy	FAMVIR	PA	INFERGEN	PA	ribavirin tablets	PA
		rimantadine	AGE - covered for patients 60 years of age and older	ribavirin	PA	INTRON A	PA	PEGASYS	PA
				PEGASYS	PA	PEGASYS	PA, QLL - 1 kit per 30 days	TAMIFLU	PA
				VALTREX 500mg	QLL-42 tabs per 30 days	PEG-INTRON	PA	HEPSERA	PA
				VALTREX 1gm	QLL-21 tabs per 30 days	REBETRON	PA	FAMVIR	PA - requires evidence of trial and failure of oral acyclovir or valacyclovir
				TAMIFLU	QLL-10 per 30 days	RELENZA	QLL - 1 inhaler per 365 days		
						ribavirin	PA		
						ROFERON-A	PA		
						TAMIFLU	QLL - 75mg = 10 capsules per 365 days; 12mg/ml = 75ml per 365 days		
						VALTREX	PA; QLL - 30 tablets per 30 days		
	ANTIVIRALS, HIV SPECIFIC					FUZEON	QLL - 1 kit per 30 days		
	ANTIVIRALS, MONOCLONAL ANTIBODIES	SYNAGIS	PA - Requires Prior Authorization	SYNAGIS	PA			SYNAGIS	PA
		fluconazole and DIFLUCAN 150mg	QLL - Limited to 2 tablets every month	ALDARA	QLL-1 box	ALDARA	QLL- 1 box (12 packets) per 30 days	fluconazole	QLL - 50mg and 100mg tabs = 1/day; 200mg tab = 2/day; 150mg tab = 2/month
		fluconazole and DIFLUCAN 50mg	QLL - Limited to 3 tablets every month	SPORANOX	PA	fluconazole 150mg	QLL - 1 tablet per 30 dasy	fluconazole liq	QLL - 10mg/ml and 40mg/ml = 35ml/month

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	ANTIFUNGALS	NOXAFIL	must have failed therapy with fluconazole for treatment of oropharyngeal candidiasis or must be severely immunocompromised and need prophylaxis against invasive Aspergillus or Candida infections	DIFLUCAN and fluconazole 150mg	QLL - Limited to 1 tablet per 30 days	itraconazole	PA	SPORANOX liq, itraconazole	PA
				fluconazole liq 50/5mL	Age<3	terbinafine	PA		
				fluconazole liq 200mg/5ml	PA, AGE=>3				
	INHALED CORTICOSTEROIDS	PULMICORT RESPULES	AGE - Limited to patients 5 years of age and under QLL - 240 mls/month (0.25 mg/2 mL vial), 120 mls/month (0.5 mg/2 mL vial), 60 mls/month (1 mg/2 mL vial)	PULMICORT RESPULES	QLL-2 boxes per 30 days, AGE - Limited to patients 4 years of age and under			PULMICORT RESPULES	Age <4 y.o.; QLL - 0.25mg amp 1/day; 0.5mg and 1mg amps 2/day
				PULMICORT FLEXHALER	PA, QLL-1 per 30 days			FLOVENT HFA	QLL 44mcg & 110, 220 mcg 2inh/RX
				AZMACORT	QLL-2 per 30 days			QVAR	QLL 2 inh/RX
				FLOVENT HFA	QLL-1 per 30 days	FLOVENT HFA	ST; QLL - 2 inhalers per 30 days	ASMANEX	QLL 2 inh/RX
				QVAR	QLL-1 per 30 days	PULMICORT	PA; QLL - 0.25mg/ml & 0.5mg/ml = 60 vials; 2 inhalers per 30 days		
						QVAR	QLL - 2 inhalers per 30 days		
	INHALED CORTICOSTEROID/LONG ACTING BETA AGONIST COMBINATION	ADVAIR 500/50	ST - must have failed ADVAIR 100/50, 250/50, or FLOVENT within past 30 days	ADVAIR	QLL-1 per 30 days	ADVAIR	ST; QLL - 1 inhaler per 30 days	ADVAIR, ADVAIR HFA	QLL 2units/RX
			ADVAIR HFA 230/21	ST - must have failed Advair HFA 45/21, Advair HFA 115/21, or Flovent HFA within the past 30 days	ADVAIR HFA	QLL-1 per 30 days	ADVAIR HFA	ST; QLL - 1 inhaler per 30 days	

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Asthma/COPD/Pulmonary	LEUKOTRIENE INHIBITORS	ACCOLATE	ST - adults 18 years of age and older; must have had one of the following medications within the past 6 months: methylxanthine, beta agonist, and/or oral inhaled corticosteroid	ACCOLATE	QLL-60 tablets per 30 days	SINGULAIR	ST; QLL - 4mg, 5mg &10mg = 1 tablet per day; 4mg granule = 1 packet per day	ACCOLATE, SINGULAIR	CT- Age ≤ 11 years requires concurrent therapy w/ inhaled corticosteroid; Age ≥ 12 years requires concurrent therapy w/ both inhaled corticosteroid and long acting beta adrenergic agent
		SINGULAIR	ST - adults 12 years of age and older; must have had one of the following medications within the past 6 months: methylxanthine, beta agonist, and/or oral inhaled corticosteroid	SINGULAIR	ST, QLL-30 tablets per 30 days				
	LONG-ACTING BETA AGONISTS			FORADIL INHALER	QLL-1 per 30 days			SEREVENT DISKUS	CT - requires 1 Rx in last 45 days for an inhaled corticosteroid
				SEREVENT DISKUS	QLL-1 per 30 days	SEREVENT DISKUS	ST; QLL - 1 inhaler per 30 days		
	NASAL CORTICOSTEROIDS			fluticasone	QLL-1 per 30 days	fluticasone	QLL - 1 inhaler per 30 days	RHINOCORT AQUA	ST
				triamcinolone	QLL-1 per 30 days	flunisolide	QLL - 3 inhalers per 30 days	flunisolide, fluticasone	2 btl/Rx
	NON-SEPARATING	ALLEGRA/fexofenadine 30mg and 60mg	ST - must fail a trial of OTC loratadine and cetirizine within previous 3 months	cetirizine syrup	AGE: PA required for 13 yrs or greater, QLL-300mls per 30 days	fexofenadine	PA, QLL - 30mg & 60mg = 2 tablets per day; 180mg = 1 tablet per day	fexofenadine (except ODT)	ST - requires evidence of 2 week trials of both loratadine and cetirizine
		ALLEGRA/fexofenadine 180mg	ST - must fail a trial of OTC loratadine and cetirizine within previous 3 months	fexofenadine	PA, QLL - 30mg & 60mg = 2 tablets per day; 180mg = 1 tablet per day			cetirizine Liq, Chew	ST, Age 2-13
		ALLEGRA-D/fexofenadine-pse	ST - must fail a trial of OTC loratadine and cetirizine within previous 3 months						
		cetirizine OTC Syrup	QLL - 10 ml/day						
		CLARITIN Tabs	ST - must have trial on both cetirizine and loratadine within the past 90 days						
		loratadine, CLARITIN Syrup	ST - must have trial on both cetirizine and loratadine within the past 90 days; QLL - 10 mls/day						

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NON-SEDATING ANTIHISTAMINES	CLARITIN D	step edit - must have trial on both cetirizine and loratadine within the past 90 days							
	CLARINEX	ST - must fail a trial of OTC loratadine and cetirizine within previous 3 months							
	CLARINEX SYRUP	QLL - Limit 10ml per day ST - must fail a trial of OTC loratadine and cetirizine within previous 3 months							
	CLARINEX-D	ST - must fail a trial of OTC loratadine and cetirizine within previous 3 months							
	ZYRTEC 5mg and 10mg	ST - must fail a trial of OTC loratadine and cetirizine within previous 3 months	loratadine syrup	QLL-300mls per 30 days					
	ZYRTEC Liquid	AGE, QLL - Limit 10ml per day	promethazine products	AGE: >2 yrs					
	ZYRTEC D	step edit - must have trial on both cetirizine and loratadine within the past 90 days							
			loratadine	QLL-30 per 30 days on D24; 60 per 30 days on D12					
	SHORT-ACTING BETA AGONISTS	Inhalers	AGE, QLL - Limited to 3 canisters per month for ages 18 and younger; Limited to 2 canisters per month for age 19 and older	albuterol inhaler, albuterol HFA	QLL - 2 inhalers per 30 days	PROAIR HFA	QLL - Limited to 3 canisters per month for ages 18 and younger; Limited to 2 cannisters per month for age 19 and older	VENTOLIN HFA	QLL - 2 inhalers per 30 days
		XOPENEX SOLN	QLL - Limited to 2 prescriptions per 6 months, 1 box of 24 per prescription	XOPENEX	PA, QLL-288mls per 30 days			albuterol solution for inhalation (0.63mg/3ml)	AGE < 6 years
	AGENTS FOR COPD	COMBIVENT	QLL- 2 inhalers/month	MAXAIR	QLL - 1 inhaler per 30 days	ATROVENT HFA	QLL - 3 inhalers per 30 days	ATROVENT HFA	QLL - 2 inhalers per 30 days
				SPIRIVA handihaler	QLL - 1 unit (30 capsules) per 30 days	COMBIVENT	QLL - 3 inhalers per 30 days	COMBIVENT	QLL - 2 inhalers per 30 days
			COMBIVENT, ATROVENT HFA	QLL - 1 inhaler per 30 days			SPIRIVA	QLL - 1 unit (30 capsules) per 30 days	
MUCOLYTICS					PULMOZYME	PA			

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		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description
Cardiovascular	ALPHA ADRENERGIC BLOCKERS								
	BETA ADRENERGIC BLOCKERS	COREG IR	QLL - limit of 2 tablets per day; ST - must have prior trial on carvedilol and be on an ACE or ARB	carvedilol (IR)	QLL-90 tablets per 30 days			TOPROL XL	PA - approved for diagnosis of heart failure; members w/ diagnosis of HTN will require evidence of trial and failure of 3 generic beta-blocking agents; members w/ diagnosis of angina pectoris will require evidence of trial and failure of 2 generic beta-blocking agents
		COREG CR	QLL - limit of 1 capsule per day; ST - must have prior trial on carvedilol and be on an ACE or ARB						
	ACE INHIBITORS	captopril	AGE - Limited to patients 12 years of age and under	benazepril, captopril, enalapril, lisinopril,trandolopril	QLL-30 tablets per 30 days				
	ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATION	amlodipine-benazepril/LOTREL	QLL - Limited to 30 tablets per month						
	ACE INHIBITORS/DIURETICS			benazepril, captopril, enalapril, lisinopril,trandolopril--combinations with HCTZ	QLL-30 tablets per 30 days				
	CALCIUM CHANNEL BLOCKING AGENTS			amlodipine	QLL-30 tablets per 30 days	diltiazem ER/XR	QLL - 1 capsule per day	NIMOTOP	PA
				felodipine ER	QLL-30 tablets per 30 days	felodipine ER	QLL - 1 tablet per day		
				nifedipine ER	QLL-30 tablets per 30 days	nicardipine	QLL - 2 capsules per day		
				diltiazem ER	QLL-30 tablets per 30 days	nifedipine ER	QLL - 1 tablet per day		
				diltiazem SR	QLL-60 tablets per 30 days	amlodipine	QLL - 1 tablet per day		
					diltiazem	QLL-90 per 30 days	SULAR	QLL - 10mg, 20mg & 40mg = 1 tablet per day; 30mg = 2 tablets per day	
	ANGIOTENSIN RECEPTOR ANTAGONIST	All products	QLL, ST - Limited to 1 tablet per day, requires failure of an ACE inhibitor	COZAAR, DIOVAN	QLL-30 tab/30 days	COZAAR	PA, QLL - 25mg & 100mg = 1 tablet per day; 50mg = 2 tablets per day	BENICAR, DIOVAN	ST - requires prior rx with ACEI; CT requires concurrent oral hypoglycemic
ARBS/CALCIUM CHANNEL BLOCKERS							AZOR	ST - requires history of ACEI in last 60 days	

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	ARBS/DIURETICS	AVALIDE, BENICAR HCT, DIOVAN HCT, HYZAAR, MICARDIS HCT	ST - requires failure of an ACE inhibitor	HYZAAR, DIOVAN HCT	QLL-30 tab/30 days	HYZAAR	PA, QLL - 1 tablet per day	BENICAR HCT, DIOVAN HCT	ST - requires prior rx with ACEI; CT requires concurrent oral hypoglycemic
Lipotropics	FIBRIC ACIDS			gemfibrozil	QLL-60 per 30 days				
	HMG CoA REDUCTASE INHIBITORS	pravastatin, PRAVACHOL	ST - patient must have a clinically significant drug-drug interaction with other statin-type cholesterol-lowering agents	LIPITOR	QLL-30 tab/30 days; PA for 10mg, 20mg, 40mg			LIPITOR 80MG	ST
				simvastatin	QLL-30 tablets per 30 days			PRAVACHOL	CT
				pravastatin	QLL-30 per 30 days				
				VYTORIN	PA, QLL-30 per 30 days				
	BILE SALT SEQUESTRANTS								
Genitoruniary	BENIGN PROSTATIC HYPERTROPHY/MICTURITION					FLOMAX finasteride	PA AGE		
	URINARY TRACT ANTISPASMODIC/ANTI-INCONTINENCE AGENT	flavoxate, oxybutynin ER, DETROL, DETROL LA, DITROPAN, DITROPAN XL, OXYTROL, URISPAS, SANCTURA, VESICARE	ST - Patients must have been unresponsive to immediate release oxybutynin	DDAVP tablets	QLL-10 tablets per 30 days	desmopressin nasal spray	QLL - 2 bottles per 30 days	STIMATE; desmopressin nasal spray	PA
		ENABLEX	step edit - must fail oxybutynin IR or have prior trial of any cholinesterase inhibitor or memantine (NAMENDA) within the past 180 days	DETROL, DETROL LA	QLL-60 per month of Detrol; 30 per month of Detrol LA				
				desmopressin nasal spray	QLL - 5 mls per 30 days			DDAVP tablets	QLL 5 tabs/month
Diabetes Related	INSULIN			NOVOLIN, NOVOLOG, LANTUS, HUMALOG, HUMULIN	QLL-40 mL per 30 days	BYETTA	PA, QLL - 1 pen per 30 days		
	HYPOGLYCEMIC/INSULIN RESPONSE ENHANCER (N-S)	ACTOS, AVANDIA	QLL - Limit of 34 tablets per 30 days	ACTOS, AVANDIA	QLL-30 tablets per 30 days	ACTOS	QLL - 1 tablet per day		
				BYETTA	QLL-10 mL per 30 days	AVANDIA	QLL - 2mg & 4mg = 2 tablets per day; 8mg = 1 tablet per day		
	ANTIDIABETIC AGENTS	AVANDARYL, DUETACT	ST - must fail thiazolidinedione or a sulfonylurea	ACTOPLUS MET	QLL-60/RX for 15/850; 90/RX for 15/500	ACTOPLUS MET	QLL - 3 tablet per day	JANUVIA, JANUMET	ST
		glipizide-metformin, glyburide-metformin, METAGLIP, GLUCOVANVCE	ST - must fail metformin or a sulfonylurea			AVANDAMET 500mg/1mg & 500mg/2mg	QLL - 4 tablets per day		

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	ANTIDIABETIC AGENTS					AVANDAMET 500mg/4mg. 1 gram/2mg & 1 gram/4mg	QLL - 2 tablets per day		
						AVANDARYL 4/1mg & 4/2mg	QLL - 2 tablets per day		
						AVANDARYL 4/4mg	QLL - 1 tablet per day		
Dermatologic	VITAMIN A DERIVATIVES TOPICAL ACNE AGENTS	sulfacetamide topical lotion, tretinoin topical agents, AZELEX, BENZACLIN, DIFFERIN, DUAC, DUAC CS, RETIN-A, ZIANA	AGE - Limited to patients 25 years of age or younger	isotretinoin	ST, AGE - Limited to patients 22 years of age or younger, QLL-60 capsules per 30 days, QLL-20 weeks of treatment	DIFFERIN	PA	tretinoin	AGE < 22 years
						tretinoin	PA FOR <12 OR >35	BENZAMYCIN	AGE < 22 years
	VITAMIN A DERIVATIVES SYSTEMIC	ACCUTANE	AGE - Limited to patients 25 years of age or younger			isotretinoin	PA FOR <12 OR >35	isotretinoin	PA - requires evidence of trial of oral antibiotic x 8 weeks duration or more, and diagnosis of severe recalcitrant nodular acne
	ANTIPSORIATICS AGENTS			ENBREL, RAPTIVA	PA			DOVONEX	QLL - cream = 60gms/30 days; solution = 60ml/30 days
		TACLONEX ointment; TACLONEX Scalp Solution	ST - must fail calcipotriene; limit of 4 weeks of therapy; ST - must fail calcipotriene; limit of 8 weeks of therapy	DOVONEX	QLL- 60gm/60mls per 30 days	ENBREL	PA, QLL - 25mg/ml = 8 injections per 28 days; 50mg/ml = 4 injections per 28 days	RAPTIVA	PA
				selenium sulfide	QLL-120 per 30 days				
				ketoconazole	QLL-120 mL or 30g per 30 days				
	TOPICAL ANTIFUNGALS								
	TOPICAL ANTIFUNGAL/ANTI-INFLAMMATORY, STEROID AGENT								
	TOPICAL ANTINEOPLASTIC & PREMALIGNANT LESION AGENTS								
	TOPICAL IMMUNOSUPPRESSIVE AGENTS			ELIDEL, PROTOPIC	PA	ELIDEL, PROTOPIC	PA	ELIDEL, PROTOPIC	ST
	TOPICAL ANTI-INFLAMMATORY STEROIDAL					ARISTOCORT A, DERMA-SMOOTHIE/FS	PA		
	TOPICAL ANTIVIRALS								
TOPICAL ANTIBIOTICS							BACTROBAN ointment only	QLL 1 - 22 g tube/30 days	

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Gastrointestinal Agents	PROTON PUMP INHIBITORS	PREVACID SOLUTAB	AGE, ST, QLL - over 12 years of age; must fail omeprazole (Rx or OTC) or PRILOSEC OTC, and then a preferred PPI for a total length of therapy of 4 weeks, unless patient is intolerant to these agents; 1 tab/day	PREVACID, PREVACID SOLUTABS, ACIPHEX	PA	PRILOSEC OTC, omeprazole	QLL 30 tablets per 30 days; fill limit 90 days	PROTONIX	ST - Requires 21 days of therapy w/ 1st line agent in last 30 days
		PROTONIX	ST - must fail omeprazole or PRILOSEC OTC within past 90 days; QLL - 1 tab/day	PRILOSEC OTC	QLL-120 tablets per 30 days	PREVACID, PREVACID SOLUTAB	PA: QLL 30 tablets per 30 days; fill limit 90 days	PROTONIX suspension	ST - Age ≤ 13; requires evidence of 21 days of 1st line therapy (omeprazole or PREVACID solutabs for children < 13) in past 30 days
		ACIPHEX, NEXIUM CAPSULES, PREVACID CAPSULES AND SUSPENSION, PRILOSEC CAPSULES, ZEGERID	must fail omeprazole (Rx or OTC) or PRILOSEC OTC, and then a preferred PPI for a total length of therapy of 4 weeks, unless patient is intolerant to these agents	PROTONIX	PA, QLL-30 tablets per 30 days			PREVACID SOLUTABS	Age <13 yr; ST - Requires 21 days of therapy w/ 1st line agent in last 30 days
		NEXIUM packets	AGE, QLL - must be 12 years of age or younger						
	H2RA BLOCKERS	cimetidine, famotidine, nizatidine, ranitidine, OTC products	QLL - Limited to 60 tablets per 30 days	cimetidine, famotidine, nizatidine, ranitidine	QLL-60 tablets per 30 days				
	ANTI-ULCER/H. PYLORI AGENTS								
	SUCRALFATE	sucralfate, CARAFATE	PA						
	MISOPROSTOL	misoprostol, CYTOTEC	PA						
Blood Related Agents	PLATELET AGGREGATION INHIBITORS	PLAVIX 300MG	QLL - 1 tab/day						
	HEPARIN AND RELATED PREPARATIONS	ARIXTRA	QLL - 1 syringe per day	LOVENOX	QLL-10 syringes at retail	ARIXTRA, LOVENOX	PA		
	ORAL ANTICOAGULANTS, COUMARIN TYPE								
	ORAL ANTICOAGULANTS, INDANDIONE TYPE								
	HEMATINICS			PROCRIT, EPOGEN	PA	PROCRIT	PA	ARANESP	PA
	LEUKOCYTE STIMULANTS			NEUPOGEN	PA	NEUPOGEN	PA	NEUPOGEN, NEULASTA	PA
	HEMATOPOIETICS					NEUMEGA	PA		

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Osteoporosis Agents	BONE FORMATION STIMULATING AGENTS	FORTEO	PA					FORTEO	PA	
	SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERM), BONE RESORPTION SUPPRESSION AGENTS	BONIVA	QLL - one single-use, pre-filled syringe per 90 days	FOSAMAX	PA	alendronate	QLL - 5mg, 10mg, 40mg = 1 tablet per day; 35mg, 70mg = 4 tablets per 28 days	BONIVA	PA - requires evidence of trial and failure on two oral bisphosphonates and failure on RECLAST due to intolerance	
				FORTICAL	PA			RECLAST	PA - requires evidence of trial and failure on two oral bisphosphonates	
				BONIVA	PA	calcitonin-salmon nasal	QLL - 2 spray units per 30 days			
						EVISTA	QLL - 1 tablet per day			
Diuretics	OSMOTIC DIURETICS									
	CARBONIC ANHYDRASE INHIBITORS									
	THIAZIDE AND RELATED DIURETICS									
	POTASSIUM SPARING DIURETICS									
	POTASSIUM SPARING DIURETICS IN COMBINATION									
LOOP DIURETICS										
ANTI-ANXIETY DRUGS	ANTI-ANXIETY DRUGS	chlordiazepoxide	3 or more benzodiazepines require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		amitriptyline		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		hcl/chlordiazepoxide		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		clorazepate		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		prazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		diazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		oxazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		alprazolam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		halazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		lorazepam	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS		
	ANTICONVULSANTS	clonazepam	3 or more benzodiazepines require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	SEDATIVE-HYPNOTICS	SEDATIVE-HYPNOTICS	temazepam	3 or more benzodiazepines require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			flurazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			triazolam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			quazepam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
			estazolam		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
	ANTI-PSYCHOTICS TYPICAL	amitriptyline hcl/perphenazine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		droperidol		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		haloperidol		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	chlorprothixene	Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS		
	thiothixene	Same as FFS		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS		

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CNS Agents** See end of document		pimozine	2 or more typical antipsychotics or 3 or more antipsychotics require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		molindone hcl		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		loxapine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		promazine hcl		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		triflupromazine hcl		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		fluphenazine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		perphenazine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		trifluoperazine hcl		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		thioridazine hcl		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		acetophenazine maleate		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		mesoridazine besylate		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		piperacetazine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		methotrimeprazine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
	ANTI-PSYCHOTICS ATYPICAL	clozapine	3 or more atypical antipsychotics or 3 or more antipsychotics require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		risperidone		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		olanzapine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		quetiapine fumarate		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		ziprasidone		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		aripiprazole		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		olanzapine/fluoxetine hcl		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		paliperidone	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
		citalopram	2 or more SSRI/SNRI; 3 or more any antidepressants require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
	SEROTONIN SPECIFIC REUPTAKE INHIBITOR (SSRIs)	escitalopram		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		fluoxetine hcl		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		fluvoxamine maleate		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		paroxetine hcl/mesylate		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		sertraline	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	SEROTONIN-NOREPINEPHRINE REUPTAKE-INHIB (SNRIs)	duloxetine	2 or more SSRI/SNRI; 3 or more any antidepressants require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		venlafaxine	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	NOREPINEPHRINE AND DOPAMINE REUPTAKE INHIB (NDRIs)	bupropion	3 or more any antidepressants require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
	SEROTONIN-2 ANTAGONIST/REUPTAKE INHIBITORS (SARIs)	nefazodone	3 or more any antidepressants require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		trazodone	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
	TRICYCLIC ANTI-DEPRESSANTS	imipramine	2 or more tricyclic antidepressants require PA; 3 or more any antidepressants require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		amitriptyline		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		nortriptyline		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		desipramine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		protriptyline		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		amoxapine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		trimipramine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
		doxepin		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS
	maprotiline	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS		
	clomipramine	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS		
ANTIDEPRESSANTS, OTHER	benactyzine hcl/meproamate	3 or more any antidepressants require PA	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	isocarboxazid		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	mirtazapine		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	phenelzine sulfate		Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	
	tranylcypromine sulfate	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS	Same as FFS		

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Antiemetic/Antivertigo	COMPAZINE, prochloroperazine, promethazine, meclizine, trimethobenzamide			promethazine	AL >2 years	promethazine	AGE			
						TRANSDERM SCOP	PA; QLL - 4 patches per 30 days			
	5-HT3 RECEPTOR ANTAGONIST	EMEND	QLL - 6 tabs per prescription	ondansetron, ondansetron ODT	QLL-10 tab/Rx or 50 mL per 30 days			ZOFRAN , ZOFRAN ODT	4 mg & 8mg QLL= 8tab/30 days	
		ondansetron, ZOFRAN	QLL - Limited to 10 tablets per prescription and 1 bottle of oral solution per prescription				granisetron	QLL - 10 tablets per 30 days		
		ALOXI	QLL - 1 vial per prescription				ondansetron	QLL - 20 tablets per 30 days		
ANZEMET, KYTRIL	10 tabs per prescription				ondansetron solution	QLL - 50ml per 30 days				
Migraine Medications	CAFERGOT, WIGRAINE, DURADRIN, MIDRIN			CAFERGOT	QLL-12 tabs/RX					
	SEROTONIN (5HT-1) RECEPTOR AGONIST AGENTS	AXERT	QLL - Limited to one box (6 tablets) per month	ZOMIG	QLL-6 tab/Rx	sumatriptan	QLL - 9 tablets per RX; 6 nasal spray units per RX; 2 injection kits per RX	RELPAK	QLL 9 tabs/month	
		IMITREX	QLL - Limited to one box of tablets (9 tablets), 1 box of nasal inhaler (6 inhalers), 1 box of stat dose refill (2 injections), and 2 vials (2 injections) per month	AXERT	QLL-6 tab/Rx	MAXALT, MAXALT MLT	QLL - 9 tablets per RX	IMITREX	QLL=9 tabs or 1 kit or 1-6ml nasal spray disp units/30 days	
		AMERGE, FROVA, ZOMIG, TREXIMET	QLL - 1 box (9 tablets) per month	IMITREX	QLL - 9 tablets per RX; 6 nasal spray units per RX; 1 injection kits per RX			ZOMIG tablets and nasal spray), ZOMIG-ZMT	QLL = 9 tabs or 9 oral disintegrating tabs or 6 nasal spray doses per month	
		MAXALT, MAXALT MLT	QLL - 1 box (12 tablets) per month							
		RELPAK	QLL - 1 box (6 tablets) per month							
Smoking Deterrents	bupropion SR, nicotine gum, nicotine patch, CHANTIX, COMMIT, NICODERM, NICORETTE, NICORELIEF, NICOTROL INHALER, NICOTROL NS, ZYBAN	All products	QLL - Limited to 12 weeks of therapy every 365 days			CHANTIX, nicotine OTC gum, nicotine OTC lozenge, nicotine OTC patch	QLL - Limited to 12 weeks of therapy every 365 days	CHANTIX	QL TD - Therapy limited to 24 weeks duration; will not allow concurrent therapy w/ nicotine replacement products	
						bupropion HCL for smoking cessation	QLL - Limited to 12 weeks of therapy every 365 days	Nicotine Lozenges, Gum, and Patches	TD - will not allow concurrent therapy with CHANTIX	

Categories	Drug Class Name/Description	Fee For Service		MHS		Anthem		MDwise		
		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	
Obstetric/Gynecological	ESTROGENIC AGENTS			estradiol, ALORA, COMBIPATCH, ESCLIM	QLL-14 patches per 30 days			CLIMARA	QLL 5 patches/RX	
	PROGESTATIONAL AGENTS			medroxyprogesterone IM	QLL - 1 per 90 days					
	CONTRACEPTIVES, ORAL			NUVARING	QLL - 1 per 28 days					
	CONTRACEPTIVES, OTHER				ORTHO EVRA	QLL - 3 patches per 28 days				
					DEPO-PROVERA	QLL-1 injection per 90 days				
					PLAN B	QLL-2 per year				
	VAGINAL ANTIFUNGALS						clotrimazole (OTC), miconazole (OTC), nystatin vaginal tablet, terconazole	QLL -2 times largest commercially available package size		
VAGINAL ESTROGEN PREPARATIONS						PREMARIN VAGINAL CREAM	QLL -2 times largest commercially available package size			
VAGINAL ANTIBIOTICS						clindamycin vaginal cream, metronidazole vaginal gel, triple sulfa	QLL -2 times largest commercially available package size			
	EYE ANTI-INFECTIVES (RX ONLY)	VIGAMOX, ZYMAR	AGE, ST - 30 years of age or older; patients under 30 years of age must 1st have a trial on at least one preferred agent within the past 30 days	OCUFLOX	QLL-30 mls per 30 days	bacitracin, bacitracin/polymyxin-b, bacitracin/neomycin/polymyxin-b, chloramphenicol, ciprofloxacin, erythromycin, gentamicin, gramicidin/neomycin/polymyxin-b, ofloxacin, polymyxin-b/trimethoprim, sulfacetamide, tobramycin	QLL -2 times largest commercially available package size			
				tobramycin	QLL-10 mL per 30 days	VIGAMOX	PA			
				ciprofloxacin	QLL-30mls per 30 days					
					QLL-7.5 mls per 30 days					
	MIOTICS/OTHER INTRAOC. PRESSURE REDUCERS				XALATAN	QLL-5mls per 30 days	Alphagan-P, AZOPT, betaxolol, brimonidine, carbachol, carteolol, dorzolamide, dorzolamide/timolol, dipivefrin, levobunolol, metipranolol, pilocarpine, timolol, timolol XE, XALATAN	QLL -2 times largest commercially available package size		
EYE ANTIBIOTIC-CORTICOID COMBINATIONS						bacitracin/neomycin/polymyxin-b/HC, FML-S, neomycin/polymyxin-b/dexamethasone, neomycin sulfate/dexamethasone, sulfacetamide/prednisolone	QLL -2 times largest commercially available package size			

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Ophthalmic/Otic	MYDRIATICS					atropine, CYCLOGYL, cyclopentolate, ISOPTO HOMATROPINE, tropicamide	QLL -2 times largest commercially available package size			
	EYE ANTIHISTAMINES			ketotifen	QLL-5mls per 30 days	ketotifen	QLL - 1 bottle per 30 days	PATANOL, PATADAY	ST	
	EYE ANTI-INFLAMMATORY AGENTS			ACULAR	ST, QLL-10 mL per 30 days	dexamethasone, diclofenac, fluorometholone, flurbiprofen, FML FORTE, PRED MILD, prednisolone acetate, prednisolone phosphate	QLL -2 times largest commercially available package size			
	OPHTHALMIC MAST CELL STABILIZERS			ALOMIDE	QLL-10mls per 30 days	cromolyn sodium	QLL - 1 bottle per 30 days			
	EYE ANTIVIRALS					trifluridine	QLL -2 times largest commercially available package size			
	OTIC ANTIBIOTICS				CIPRODEX	QLL-7.5ml/RX	CIPRODEX	PA, QLL - 2 times largest commercially available package size	CIPRODEX	ST - approved for tympanostomy tubes or perforated ear conditions
				FLOXIN OTIC	QLL-10mls per 30 days	acetic acid, acetic acid/HC, FLOXIN OTIC, polymyxin-B/neomycin/HC	QLL -2 times largest commercially available package size			
				neomycin/polymixin/HC	QLL-20mls per 30 days					
Rheumatological	NSAIDS, CYCLOOXYGENASE INHIBITOR - TYPE	CELEBREX	PA	CELEBREX	PA, QLL-30 capsules per 30 days (14 caps for 400mg)			CELEBREX	ST	
						ketorolac	QLL - 20 tablets per 30 days			
		ARTHROTEC	PA	ketorolac	QLL-10 tablets per 30 days					
							tramadol, tramadol/APAP	QLL - 8 tablets per day		
	ANTI-INFLAMMATORY, PYRIMIDINE SYNTHESIS INHIBITOR			AVONEX, BETASERON, COPAXONE	PA	AVONEX, COPAXONE	PA			
	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR			ENBREL, REMICADE, HUMIRA	PA	ENBREL	PA, QLL - 25mg/ml = 16 injections per 28 days; 50mg/ml = 8 injections per 28 days		ENBREL, HUMIRA	PA
	ANTI-FLAM. INTERLEUKIN-1 RECEPTOR ANTAGONIST			KINERET	PA				KINERET	PA
ANTI-ARTHRITIC, FOLATE ANTAGONIST AGENTS										

Categories	Drug Class Name/Description	Fee For Service		MHS		Anthem		MDwise	
		Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description	Drug Name/Nomenclature	Clinical Edits and Description

****MHQAC Utilization Edits Implemented 6-19-07 for all FFS, MHS, MDwise, and Anthem**

Medication	Strength	Utilization Edit
d-amphetamine sa capsule	5, 15MG	2/day
DAYTRANA 9 HR patch	10, 15, 20, 30MG	1/day
INVEGA tablet	3, 9MG	1/day
	6MG	2/day
desipramine tablet	10MG	4/day
	100MG	3/day
	25, 50, 75, 150MG	2/day
dextroamphetamine tablet	5, 10MG	3/day
dextroamphetamine sr capsule	10MG	2/day
diazepam tablet	2, 5, 10MG	4/day
diazepam oral concentrate	5MG/ML	8ml/day
DORAL tablet	7.5, 15MG	1/day
doxepin capsule	10MG	4/day
	25, 50 , 75, 100, 150MG	2/day
doxepin oral concentrate	10MG/ML	30ml/day
EFFEXOR XR capsule	37.5MG	1/day
	75, 150MG	2/day
EMSAM 24 HOUR patch	6, 9, 12MG	1/day
ergoloid mesylates sublingual tablet	0.5, 1MG	3/day
ergoloid mesylates tablet	1MG	3/day
estazolam tablet	1, 2MG	1/day
EXELON capsule	1.5, 3, 4.5, 6MG	2/day
EXELON oral solution	2MG/ML	6ml/day
EXELON patch	4.6MG/24HR, 9.5MG/24HR	1 patch/day
FAZACLO tablet	25MG	3/day
	100MG	6/day
fluoxetine solution	20MG/5ML	20ml/day
fluoxetine capsule	10MG	1/day
fluoxetine tablet	10MG	1.5/day
	20MG	4/day
	40MG	2/day
fluphenazine tablet	1, 2.5, 5, 10MG	4/day
flurazepam capsule	15, 30MG	1/day
fluvoxamine tablet	100MG	3/day
	25, 50MG	1/day
FOCALIN tablet	2.5, 5MG	2/day
	10MG	4/day
FOCALIN XR capsule	5, 10MG	1/day
	15, 20MG	2/day
GEODON capsule	20, 40MG	2/day
	60, 80MG	3/day
haloperidol tablet	0.5, 1, 2, 5, 10, 20MG	3/day

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Medication	Strength	Utilization Edit
hydrogine lc capsule	1MG	3/day
hydroxyzine syrup	10MG/5ML	100ml/day
hydroxyzine hcl tablet	10, 25MG	4/day
	50MG	8/day
hydroxyzine pamoate capsule	25, 50, 100MG	4/day
imipramine hcl tablet	10MG	2/day
	25MG	1/day
	50MG	6/day
imipramine pamoate capsule	100MG	3/day
	125, 150MG	2/day
	75MG	1/day
INVEGA tablet	3, 9MG	1/day
	6MG	2/day
LEXAPRO tablet	5, 10MG	1/day
	20MG	1.5/day
LEXAPRO solution	5MG/5ML	20ml/day
LIBRITABS tablet	25MG	4/day
lorazepam tablet	0.5, 1, 2MG	4/day;max quantity 120 per month
loxapine succinate capsule	5, 10 , 25, 50MG	4/day
LUNESTA tablet	1, 2, 3MG	1/day
MARPLAN tablet	10MG	3/day
maprotiline tablet	25, 50, 75MG	3/day
meprobamate tablet	200, 400MG	4/day
METADATE CD capsule	10, 20, 30, 40, 50, 60MG	1/day
METADATE ER tablet	10, 20MG	3/day
METHYLIN chewable tablet	2.5, 5, 10MG	3/day
METHYLIN solution	10MG/5ML	30ml/day
	5MG/5ML	60ml/day
METHYLIN ER tablet	10, 20MG	3/day
methylphenidate tablet	5, 10, 20MG	3/day
methylphenidate er tablet	20MG	3/day
mirtazapine rapid dissolve tablet	15, 30, 45MG	1/day
mirtazapine tablet	7.5, 15, 30, 45MG	1/day
MOBAN tablet	5, 10, 25, 50MG	4/day
	100MG	3/day
NAMENDA tablet	5, 10MG	2/day
NAMENDA solution	10MG/5ML	10ml/day
NAMENDA TITRATION pack	5-10MG	2/day
NARDIL tablet	15MG	6/day
nefazodone tablet	50, 100, 150, 200, 250MG	2/day
NIRAVAM tablet	0.25, 0.5, 1, 2MG	3/day
NORPRAMIN tablet	25, 50MG	2/day

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Medication	Strength	Utilization Edit
nortriptyline solution	10MG/5ML	20ml/day
nortriptyline capsule	10, 25MG	4/day
	50MG	3/day
	75MG	2/day
ORAP tablet	1MG	10/day
	2MG	5/day
oxazepam capsule	10, 15, 30MG	4/day;max quantity 120
PAMELOR capsule	10MG	4/day
paroxetine tablet	10, 20MG	1/day
	30, 40MG	2/day
PAXIL suspension	10MG/5ML	40ml/day
PAXIL CR tablet	12.5, 25, 37.5MG	1/day
perphenazine tablet	2, 4, 8, 16MG	4/day
PEXEVA tablet	10, 20, 30MG	1/day
PLACIDYL capsule	500, 750MG	1/day
PRISTIQ tablet	50, 100MG	1/day
protriptyline tablet	5, 10MG	4/day
PROVIGIL tablet	100MG	1/day
	200MG	2/day
PROZAC WEEKLY capsule	90MG	4/28 days
RAZADYNE tablet	4, 8, 12MG	2/day
RAZADYNE solution	4MG/ML ORAL	6ml/day
RAZADYNE ER capsule	8, 16, 24MG	1/day
RESTORIL capsule	22.5MG	1/day
risperidone tablet	0.25, 0.5, 1, 2, 3, 4MG	2/day
RISPERDAL M-TAB	0.5, 1, 2, 3, 4MG	2/day
RISPERDAL CONSTA syringe	12.5, 25, 37.5, 50MG	2/28 days
RITALIN LA capsule	10, 20, 40MG	1/day
	30MG	2/day
ROZEREM tablet	8MG	1/day
SARAFEM tablet	10, 20MG	1/day
SERAX tablet	15MG	4/day;max quantity 120
SEROQUEL tablet	25, 50, 100, 200MG	3/day
	300, 400MG	4/day
SEROQUEL XR tablet	200MG	1/day
	300MG	3/day
	400MG	4/day
sertraline oral concentrate	20MG/ML	10ml/day
sertraline tablet	100MG	3/day
	25, 50MG	2/day
SONATA capsule	5, 10MG	2/day
STRATTERA capsule	10, 18, 25, 40MG	2/day
	60, 80, 100MG	1/day
SURMONTIL capsule	100MG	3/day
	25, 50MG	1/day

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Medication	Strength	Utilization Edit
SYMBYAX capsule	3/25, 6/25, 6/50, 12/25, 12/50MG	1/day
temazepam capsule	7.5, 15, 30MG	1/day
thioridazine tablet	10, 15, 25, 50, 100, 150, 200MG	4/day
thiothixene capsule	1, 2, 5, 10MG	3/day
tranylcypromine	10MG	6/day
TRANXENE SD tablet	11.25, 22.5MG	1/day
trazodone tablet	100, 150MG	3/day
	50, 300MG	2/day
triazolam tablet	0.125, 0.25MG	1/day
trifluoperazine tablet	1, 2, 5MG	2/day
	10MG	4/day
venlafaxine tablet	25, 37.5, 50, 75, 100MG	3/day
VYVANSE capsule	20, 30, 40, 50, 60, 70MG	1/day
WELLBUTRIN XL tablet	150, 300MG	1/day
ZYPREXA tablet	2.5, 5, 7.5MG	1/day
	10, 15MG	2/day
	20MG	3/day
ZYPREXA ZYDIS tablet	5MG	1/day
	10, 15MG	2/day
	20MG	3/day